

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12075

STATE EMBALMER

63-045165

FILED DEC 12 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **ST. LOUIS, MISSOURI**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **BARNES HOSPITAL**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY  
OR  
TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS (If outside, give location)

**505 No. Spring Ave.**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First  
**JOHN**

Middle

Last  
**ASTASUSKAS**

4. DATE  
OF  
DEATH

Month  
**December**

Day

**4**

Year

**1963**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
**4/17/1894**

9. AGE (last birthday)  
**69**

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
**Retired tailor**

10b. KIND OF BUSINESS OR INDUSTRY  
**Tailoring**

11. BIRTHPLACE (City and state or country)  
**Lithuania**

12. CITIZEN OF WHAT COUNTRY  
**U.S.**

13a. FATHER'S NAME

**Unknown**

13b. MOTHER'S MAIDEN NAME

**Unknown**

14. NAME OF HUSBAND OR WIFE

**Anna**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Joseph A. Astasauskas, 4745 Oldenburg**

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Acute myocardial infarction**

INTERVAL BETWEEN  
ONSET AND DEATH  
**3 days**

DUE TO (b)

**Arteriosclerotic heart disease**

**2 years**

DUE TO (c)

**4200 H**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

**Post-op carcinoma of bladder**

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m. Month, Day, Year  
p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **11/2/63** to **12/4/63** and last saw him alive on **12/4/63**  
Death occurred at **9:50 p.m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**M.D.**

22b. ADDRESS

**BARNES HOSPITAL**

22c. DATE SIGNED

**12/5/63**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
**Burial**

23b. DATE

**12-9-63**

23c. NAME OF CEMETERY OR CREMATORY

**St. Matthews Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis, Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Albert H. Hoppe, Inc., 4700 Washington Blvd.**

25. DATE RECD. BY LOCAL REG.

**DEC 6 1963**

26. REGISTRAR'S SIGNATURE

**Donald Smith M.D.**

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Gay W. Wilkinson*

Licensed Embalmer No. 3575

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.